



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
5 MEAL MENU TEMPLATE (5 DAY)

NAME OF CENTER/FACILITY					
YEAR		WEEK OF			
BREAKFAST	DATE / /				
Milk					
Vegetable, fruit, or portions of both					
Grain Indicate "WG" next to Whole Grain menu items or Meat/Meat alternate (no more than 3 times per week at breakfast only)					
Other Foods					
SNACK AM Serve 2 of 5					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					
LUNCH					
Milk ¹					
Meat/Meat Alternates Meat, poultry, or fish or tofu, soy product, or alternate protein products					
Vegetable					
Fruit					
Grain					
Other Foods					

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.

SNACK PM Serve 2 of 5					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					
SUPPER					
Milk					
Meat/Meat Alternates Meat, poultry, or fish or tofu, soy product, or alternate protein products					
Vegetable					
Fruit					
Grain					
Other Foods					

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.